

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	T-4220
First Named Inventor	George French
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CLAMPING STEM**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)    as United States Application Number or PCT International

Application Number    and was amended on (MM/DD/YYYY)    (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
92204194	Republic of China (Taiwan)	03/17/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Times will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**BEST AVAILABLE COPY**

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address below

Name **Charles H. Thomas**

Address **4201 Long Beach Blvd., Ste. 405**

City <b>Long Beach</b>	State <b>CA</b>	ZIP <b>90807-2022</b>
------------------------	-----------------	-----------------------

Country <b>USA</b>	Telephone <b>562-595-8422</b>	Fax <b>562-595-9319</b>
--------------------	-------------------------------	-------------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name <b>George</b> (first and middle [if any])	Family Name <b>French</b> or Surname
---	---

Inventor's Signature 	Date <b>01/11/03</b>
--	----------------------

Residence: City <b>Sheffield</b>	State	Country <b>England</b>	Citizenship <b>UK</b>
----------------------------------	-------	------------------------	-----------------------

Mailing Address  
**30 Bank House Road**

City <b>Sheffield</b>	State	ZIP <b>S6 3TL</b>	Country <b>England</b>
-----------------------	-------	-------------------	------------------------

NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Family Name or Surname
---	---------------------------

Inventor's Signature	Date
----------------------	------

Residence: City	State	Country	Citizenship
-----------------	-------	---------	-------------

Mailing Address

City	State	ZIP	Country
------	-------	-----	---------

Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- BLACK BORDERS
- IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT OR DRAWING
- BLURRED OR ILLEGIBLE TEXT OR DRAWING
- SKEWED/SLANTED IMAGES
- COLOR OR BLACK AND WHITE PHOTOGRAPHS
- GRAY SCALE DOCUMENTS
- LINES OR MARKS ON ORIGINAL DOCUMENT
- REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- OTHER: \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**